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CLAIM # _____

REAPPRAISAL EXCLUSION FOR SENIORS - California law provides a one time property tax relief for seniors by transferring their current Proposition 13 base-year values to a newly acquired residence if they sell their existing home and buy another of equal or lesser value within the same county or within another county which has passed an ordinance authorizing such transfers. The requirements for this relief are listed below:

1. Age: At the time the original dwelling is sold, the claimant or the claimant's spouse must be at least 55 years of age. **A copy of the qualifying claimant's birth certificate, drivers license or passport must be submitted with the application to verify date of birth.**
2. Time: The original dwelling must be sold within two years before or two years after the purchase of the replacement. Construction of the replacement dwelling must be completed within two years of the date the original property sold. In addition the application must be filed within three years of the date the replacement property was purchased or new construction was completed.
3. Value: "Equal or lesser value" of a replacement dwelling is defined as: 100% of market value of original property as of its date of sale if a replacement dwelling is purchased or newly constructed before an original property is sold; 105% of market value of original property as of its date of sale if a replacement dwelling is purchased or newly constructed within one year after the sale of the original property; 110% of market value of the original property as of its date of sale if a replacement dwelling is purchased or newly constructed within the second year after the sale of the original property.
4. Owner-occupied: Both dwellings must be eligible for the Homeowner's Exemption.

REPLACEMENT PROPERTY (NEW)

Assessor's Parcel Number _____ Recorded Purchase Date _____ Purchase Price _____

Address (Street Number, Street Name, City, Zip) _____

IS THIS NOW YOUR PRINCIPAL PLACE OF RESIDENCE? YES ___ NO ___

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ORIGINAL PROPERTY (OLD)

Assessor's Parcel Number _____ Recorded Sale Date _____ Sale Price _____

Address (Street Number, Street Name, City, COUNTY, Zip) _____

Date You Originally Acquired Property _____ Price You Originally Paid for the Property _____

Name(s) on Title Exactly as They Appeared on Deed or Attach a Copy of the Deed _____

WAS THIS YOUR PRINCIPAL PLACE OF RESIDENCE? YES ___ NO ___

Name of Claimant (Print or Type) _____ Date of Birth _____ Social Security Number _____

Name of Claimant's Spouse (Print or Type) _____ Date of Birth _____ Social Security Number _____

Social Security numbers are required to verify eligibility and to prevent multiple claims. This claim is not subject to public inspection.

I/We declare under penalty of perjury under the laws of the State of California that: (1) none of the above claimant(s) have previously been granted this relief; (2) the original (former) property has not been excluded from reappraisal; and (3) the foregoing, and all information hereon, is true, correct, and complete to the best of my/our knowledge and belief.

Signature (Claimant) _____ Date _____ Signature (Claimant's Spouse) _____ Telephone _____
60/90FORM(rev.04/02)